

# PLEASE TELL US ABOUT YOURSELF. (SMOKERS AGE 21 AND OVER)

☐ Mr. ☐ Mrs. ☐ Miss. ☐ Male ☐ Female  
 (Check one) First MI Last  
 Address Street Address Apt. #  
 Address  
 City State ZIP  
 Phone ( ) - ( ) - ( ) - ( )  
 Today's Date (Month) (Day) (Year)

By responding to this survey and signing below, I certify that I am a smoker 21 years of age or older. I am also willing to receive cigarette coupons and branded incentive items in the mail subject to applicable state and federal law.

Signature ☒ Date of Birth (Month) (Day) (Year)

1. What is your regular brand of cigarettes—that is, the brand you smoke most often?

(Brand Name)

2. Is your regular brand...? (Check one.)

☐ Regular/King Size ☐ 100's ☐ 120's

3. Is your regular brand...? (Check one.)

☐ Menthol ☐ Non-Menthol

4. Is your regular brand...? (Check one.)

☐ Lowest/1mg Tar ☐ Light/Mild ☐ Full Flavor  
☐ Ultra/Extra Low Tar ☐ Medium

5. Please list all the brands of cigarettes you smoked at least one pack of in the past two weeks. How many packs did you smoke of each brand? (Use as many lines as you need. Write in exact number of packs for each brand below. Note: 1 carton=10 packs.)

(Brand Name)

(Number of Packs)

6. Do you usually buy it by the...? (Check one.)

☐ Pack ☐ Carton ☐ Both Ways

7. Where do you usually buy your cigarettes? (Check one.)

☐ Supermarket Chain ☐ Drug Store/Pharmacy  
☐ Neighborhood Grocery ☐ Discount Store  
☐ Convenience/Gas

8. If your regular brand were not available, which of the following brands would you consider buying? (Check all that apply.)

☐ Basic ☐ GPC ☐ Newport ☐ Virginia Slims ☐ None  
☐ B&H ☐ Kool ☐ Parliament ☐ Winston ☐ Other  
☐ Camel ☐ Marlboro ☐ Salem ☐ Store Brand/  
☐ Doral ☐ Merit ☐ Vantage Generic (Brand Name)

9. How long have you smoked this (your regular) brand?

☐ Less than 1 year ☐ 2 to 3 years ☐ Over 5 years  
☐ 1 to 2 years ☐ 3 to 5 years

10. What, if any, was your previous brand? (If no previous brand, write in "none.")

(Brand Name)

11. Which of the following best describes you? (Check one.)

☐ White ☐ Hispanic  
☐ African-American ☐ Native American  
☐ Asian ☐ Other

12. Do you have any friends who smoke, or other smokers in your household, 21 years of age or older who would like to receive cigarette coupons and branded incentive items in the mail? Please print their full names and phone numbers with area codes. (We will personally assure you that no name will be sold, and we will not permit the use of a name by any company that is not affiliated with Philip Morris.)

First Name MI Last Name Phone

First Name MI Last Name Phone

EN ESPAÑOL AL REVERSO

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30928 PM24 C/A '96 Name Generation 30928 G01 P0 4 5x7 Survey  
 LeoBAM00000 Stacy Folt 9/18/97  
 operator: stony QuarkXPress 3.32 Server: Aspen/QuarkXPress  
 Font: System Helvetica, Adobe News Gothic, PC-Arcatlas-BE, Mon, Rgt,  
 FC-Helvetica Bld, Univ NewsComm  
 Placed Art: Order Form Boxes.apx, First Line Boxes.apx, Signature Box.apx,  
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